



# FELLOWSHIP OF EVANGELISTS AND MINISTERS

## AFFILIATION APPLICATION FORM

**Please Note:** Only Members can affiliate their church, society or organisation.

Church / Organisation  
and  
Personal Data

Name of Church or Organisation \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Please provide the name and address of the church leader, or your own if you are that person.

Telephone \_\_\_\_\_

Briefly state why you are requesting affiliation with FEM.

Do you FULLY agree with the Constitution and Statement of Faith of the Fellowship of Evangelists and Ministers?

☐

YES

☐

NO

For office use only

Date application  
received:

Signature

Date

Please return this form to: **Colin Ryan, FEM, 23 Lincombe Road, Radstock, Somerset, BA3 3YJ**